

SEP 28 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

29924

## 1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018ACity Farmington(No. 1)State Hospital No 4

File No.

Registered No. 109

Ward

## 2. FULL NAME

Mena Brugere(a) Residence, No. Ste. Genevieve, Mo. St. 626 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFThos. Burgere

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

not known

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.59??

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ste. Genevieve  
Missouri

FATHER

## 13. NAME

Frank Beauchamp14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ste. Genevieve  
Missouri

MOTHER

## 15. MAIDEN NAME

Mary Labrure16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ste. Genevieve  
Missouri

## 17. INFORMANT

(ADDRESS)

State Hospital #4 Records  
Farmington, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Ste. Genevieve DATE Aug. 20 1938

## 19. UNDERTAKER

(ADDRESS)

Walter Stanton  
Ste. Genevieve, Mo.

## 20. FILED

Aug 24, 1938 W. J. Robinson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17th 193822. I HEREBY CERTIFY That I attended deceased from  
August 5, 1938, to August 17, 1938I last saw him alive on August 16, 1938. Death is said  
to have occurred on the date stated above, at 2:05 A. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized  
marked

Date of onset

?

Other contributory causes of importance:

Rectal Hemorrhages from  
multiple mixed Hemorrhoids8/16/38Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

C. G. Ault, M. D.  
Farmington

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Walter J. Stanton, Licensed Embalmer No. 3328

hereby certify that the body recorded on the reverse side of this certificate was  
embalmed by \_\_\_\_\_ L.E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Walter J. Stanton

Licensed Embalmer No. \_\_\_\_\_

Note: The above must be signed by the Licensed Embalmer in his Own Handwriting.  
(Failure to comply with the above constitutes grounds for revocation of license)